

**Indiana State Department of Health
PHHS Block Grant
Preventive Health and Health Services
Block Grant**

Work Plan

Revised Work Plan for Fiscal Year 2009

Submitted by: Indiana

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Contents	Page
Executive Summary	3
Statutory and Budget Information	4
Statutory Information	4
Budget Detail	5
Summary of Allocations	6
Program, Health Objectives, and 10 Essential Services	7
Public Health Education and Training	7
23-10 Continuing education and training	8
Public Health System Quality Improvement	11
23-8 Competencies for public health workers	11
Sexual Assault Services	15
15-35 Rape or attempted rape	15
Social Marketing	19
7-10 Community health promotion programs	20
State Health Data Center	23
23-2 Public health access to information and surveillance data	24

Executive Summary

This is Indiana's application for the Preventive Health and Human Services (PHHSBG) for Federal Fiscal Year 2009. The PHHSBG is administered by the United States Department of Health and Human Services through its administrative agency, the Centers for Disease Control and Prevention (CDC) in accordance with the Public Health Service Act, Sections 1901-1907, as amended in October, 1992 and Section 1910A as amended in October 1996. The Indiana State Department of Health is designated as the principal state agency for the allocation and administration of the PHHSBG within the State of Indiana.

Funding Assumptions

The total award for the FFY 09 PHHSBG is \$1,636,601.00. This amount is based on the FFY 08 allocation table distributed by the CDC on April 24, 2008. The amount will be updated based upon the final allocation table distributed for FFY 09 by the CDC at a date TBA.

Proposed Allocation for FY 2008

PHHS Block Grant dollars are allocated to those health areas that have no other source of state or federal funds, or, wherein combined, state and federal funds are insufficient to address the extent of the public health problem. FFY 2009 funding priorities are as follows:

Program	Health Objective	Funds
Sexual Assault Services	15-35	\$150,306
Public Health System Quality Improvement	23-8	\$749,525
Public Health Education/Training	23-10	\$217,000
State Health Data Center	23-2	\$280,250
Social marketing	7-10	\$239,520

Impacting other health objectives:

- Access to Quality Health Services 1-3, 7
- Educational/Community-Based Programs 7-2, 3, 5, 6, 7, 9, 11, 12
- Health Communication 11-2, 3, 6
- Immunization/Infectious Diseases 14-1, 22, 24, 29
- Nutrition and Overweight 19-1, 2, 3, 5, 6, 8, 9, 16
- Physical Activity and Fitness 22-1, 2, 6, 13, 14, 15
- Public Health Infrastructure 23-3, 4, 5, 9, 11, 12, 15
- Tobacco Use 27-1, 2, 3, 4, 5, 6, 7, 11, 12, 13

As established by the Public Health Services Act, Section 1905(d), the Indiana PHHSBG Advisory Committee makes recommendations regarding the development and implementation of the State Plan/Application. The Advisory Committee reviewed and approved the programs listed above the funding for FFY 2009.

Funding Rationale: Under or Unfunded, State Plan (2009), Data Trend

Statutory Information

Advisory Committee Member Representation:

College and/or university, County and/or local health department, Faith-based organization, State health department

Dates:

Public Hearing Date(s):

7/31/2008

12/15/2008

Advisory Committee Date(s):

7/31/2008

12/15/2008

Current Forms signed and attached to work plan:

Certifications: Yes

Certifications and Assurances: Yes

Budget Detail for IN 2009 V1 R0	
Total Award (1+6)	\$1,711,142
A. Current Year Annual Basic	
1. Annual Basic Amount	\$1,562,243
2. Annual Basic Admin Cost	\$0
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$1,562,243
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	\$148,899
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$148,899
(9.) Total Current Year Available Amount (5+8)	\$1,711,142
C. Prior Year Dollars	
10. Annual Basic	\$0
11. Sex Offense Set Aside (HO 15-35)	\$0
(12.) Total Prior Year	\$0
13. Total Available for Allocation (5+8+12)	\$1,711,142

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$1,562,243
Sex Offense Set Aside	\$148,899
Available Current Year PHHSBG Dollars	\$1,711,142
B. PHHSBG \$'s Prior Year:	
Annual Basic	\$0
Sex Offense Set Aside	\$0
Available Prior Year PHHSBG Dollars	\$0
C. Total Funds Available for Allocation	\$1,711,142

Summary of Allocations by Program and Healthy People 2010 Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Public Health Education and Training	23-10 Continuing education and training	\$291,541	\$0	\$291,541
Sub-Total		\$291,541	\$0	\$291,541
Public Health System Quality Improvement	23-8 Competencies for public health workers	\$749,525	\$0	\$749,525
Sub-Total		\$749,525	\$0	\$749,525
Sexual Assault Services	15-35 Rape or attempted rape	\$150,306	\$0	\$150,306
Sub-Total		\$150,306	\$0	\$150,306
Social Marketing	7-10 Community health promotion programs	\$239,520	\$0	\$239,520
Sub-Total		\$239,520	\$0	\$239,520
State Health Data Center	23-2 Public health access to information and surveillance data	\$280,250	\$0	\$280,250
Sub-Total		\$280,250	\$0	\$280,250
Grand Total		\$1,711,142	\$0	\$1,711,142

State Program Title: Public Health Education and Training

State Program Strategy:

Program Goal: To increase the development and availability of various forms of education and training opportunities for Indiana's public health workforce.

Program Priorities: In order to maximize the effectiveness of Indiana's public health sector, appropriate levels of **continuing education and training** must be provided in a cost-effective and convenient manner. The Indiana State Department of Health (ISDH) will lead efforts to provide these opportunities through a variety of approaches. A key goal is to begin preparing the public health sector for voluntary national accreditation, which is expected to be available in 2011.

In FFY 2008, a comprehensive state public education plan was being developed. This activity was being executed with the assistance of an outside partner with oversight from a designated ISDH project coordinator. In addition, the Learning Management System (LMS) was slated to receive several upgrades. However, there were problems with the LMS system with outside partners not meeting deadlines, and therefore the LMS system has been taken offline temporarily, and an internal and external needs assessment is being completed with a target online working date of June 2009. The assessment has been very beneficial as it has reached local health departments as well as inside participants and has gotten several people more involved with the system. Additionally, four additional teams were sent to MARPHLI to increase the level of public health professionals that have received public health leadership training.

In FFY 2009 the **comprehensive state public health education plan** will be finalized and disseminated to the public health workforce. This will be overseen by an ISDH project coordinator, and will involve a new contractor. In addition, a new LMS system will be chosen regarding the assessment taken and will be in place by December 2009. Collectively, these activities will help **assure a competent public health workforce** in Indiana.

Primary Strategic Partners: The ISDH has fostered many collaborative relationships and strategic partnerships both internally and externally. They include:

Internal

Public Health & Medicine Partnerships
Preparedness Division
Partner Relations Office

External

Local Health Departments
Indiana Public Health Association
LMS Partner States

Role of PHHSBG Funds: PHHSBG funds will be utilized to increase the development and availability of education and training opportunities for Indiana's public health workforce. Funds from other state and federal sources are already being used for many of these activities. However, funding from these other sources has been reduced in recent years and is insufficient to achieve desired goals.

Evaluation Methodology: The utilization of the LMS will be monitored through a Web-based tracking system. The ISDH will continue to reach out to those who have used the LMS to collect feedback on the usefulness of the system and course content. In addition, the development of the state public health education plan will be subject to review and approval by ISDH officials, including the State Health Commissioner.

State Program Setting:

Local health department, State health department, University or college

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Director of Nutrition and Physical Activity

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 1

Total FTEs Funded: 1.00

National Health Objective: HO 23-10 Continuing education and training**State Health Objective(s):**

Between 01/2009 and 12/2009, continue the development of a state public health education plan and disseminate the knowledge of the Essential Public Health Services to 500 public health professionals throughout Indiana.

Baseline:

Indiana is in the process of developing a comprehensive state public health education plan. In addition, Dr. Monroe provided Lunch and Learn programs regarding each of the 10 Essential Public Health Services to public health workers.

Data Source:

State Agency

State Health Problem:**Health Burden:**

Opportunities for continuing education and training among the public health workforce are scarce and often costly and time-consuming, resulting in the inability of a large segment of the public health workforce to take advantage of the opportunities that are offered. Subsequently, most public health agencies in Indiana do not receive vital continuing education and training, including opportunities related to the public health essential services.

This lack of basic public health education and training is widespread. It is seen in both small, rural local health departments and large, urban local health departments.

The National Academy of Sciences' 2002 report on *The Future of the Public's Health in the 21st Century* cited a Pew Health Professions Commission finding which stated that "the major changes in technology, biomedical knowledge, informatics, and community expectations will continue to challenge and redefine the practice of public health, requiring that the current public health practitioners receive the additional, ongoing training, and support they need to update their existing skills."

Therefore, our **target population** is Indiana's public health workforce. This includes employees at the Indiana State Department of Health as well as employees of Indiana's 93 local health departments. The **disparate population** includes these same individuals.

Target Population:

Number: 1,500

Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 1,500

Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

No Evidence Based Guideline/Best Practice Available

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$291,541

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

50-74% - Significant source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 5 – Develop policies and plans**Objective 1:****Develop Comprehensive State Public Health Education Plan**

Between 01/2009 and 12/2009, Contractors will develop 1 Comprehensive State Public Health Education Plan.

Annual Activities:**1. Develop Comprehensive State Public Health Education Plan**

Between 01/2009 and 12/2009, contract with a vendor to help with the planning, writing, and eventual approval of the comprehensive state public health education plan. This will be done with the help of a Public Health Workforce Development Executive Advisory Committee and a PHWD Workgroup. The Advisory Committee consists of people from education, ISDH, the IPHA, IPHF, and other partner agencies at the exec level. The first meeting will be here at ISDH on Jan. 20. The Executive Advisory Committee will provide oversight to a workgroup. The Workgroup consists of ISDH staff who are responsible for training and education, Local Health Department representatives, and partner public health associations, as well as education partners. LHD representation consists of Public Health Nurses, Administrators, Sanitarians, Environmentalists, etc. The first meeting of the PHWD Workgroup is Jan. 14. The workgroup will provide 5 deliverables: 1) A PH Workforce education/training plan and template 2) A marketing strategy to promote advancement of PH competencies and training in the workforce 3) Storyboards to help with marketing, at conferences, etc. 4) A website 5) An assessment tool (done through the Learning Management System.

The Executive Advisory Committee will review the work of the workgroup, give suggests, give their approval of final "products" and will meet 4 times in 2009 prior to September. The Workgroup will do all that was stated above and will meet 6 times in 2009, ending with a meeting on 9/1.

Essential Service 8 – Assure competent workforce**Objective 1:****Increase Availability of opportunities for learning**

Between 01/2009 and 12/2009, State Employees will increase the number of opportunities for continuing education and training from 0 to 1.

Annual Activities:

1. Implement a new Learning Mangement System

Between 01/2009 and 12/2009, contract with a new vendor for a Learning Management System capable of reaching all state and local health departments in the public health workforce.

State Program Title: Public Health System Quality Improvement

State Program Strategy:

Program Goal: To improve the overall quality and capabilities of Indiana's public health system. There will be a specific focus on the 10 public health essential services for the purposes of future voluntary accreditation for public health agencies.

Program Priorities: In order to improve the **competencies of Indiana's Public Health Sector**, it is important for all public health agencies to assess current competencies and subsequently work to improve identified weaknesses.

In FFY 2007, the Indiana State Department of Health (ISDH) was granted advance access to version 2 of the National Public Health Performance Standards Program (NPHPSP) assessment tool. This tool has currently already been used by several local health departments in Indiana, and a state public health assessment workshop was conducted in August of 2007. In FFY 2008, public health agencies that had already started this process continued their respective activities, while other agencies were invited to begin with the assessment phase.

In FFY 2009, all previous agencies will continue their respective activities, and mentor other communities by sharing ideas and their best practices. Approximately 15 new public health agencies will begin the assessment phase of the quality improvement project.

State Program Setting:

Local health department, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO 23-8 Competencies for public health workers

State Health Objective(s):

Between 01/2009 and 12/2009, conduct competency assessment as 15 local health departments in Indiana. The assessments will be based on the 10 essential public health services.

Baseline:

A total of 33 of Indiana's 93 local health departments have completed the assessment process and are continuing with project charter training and execution. The National Academy of Sciences' 2002 report on *The Future of the Public's Health in the 21st Century* cited figures released jointly by the CDC and the Agency for Toxic Substances and Disease Registry in 2001 which indicated that "80% of the current public health workforce lacks formal training in public health."

Data Source:

National Academy of Sciences

State Health Problem:

Health Burden:

The public health workforce in Indiana currently lacks many of the core competencies necessary to fully and positively impact the health of the populations they serve. While the majority are competent in their own individual duties, most are not competent in the 10 essential public health services and how their duties fit in to the overall provision of these services. This is not an issue that is unique to Indiana. The National Academy for Sciences' 2002 report on *The Future of the Public's Health in the 21st Century* cited figures released jointly by the CDC and the Agency for Toxic Substances and Disease Registry in 2001 which indicated that "80% of the current public health workforce lacks formal training in public health."

This lack of basic public health competencies is widespread. It is seen in both small, rural local health departments and in large, urban local health departments. The problem continues to worsen in many areas because new employees are often only trained in their day-to-day functions and are not provided with the big picture of public health. Subsequently, most public health agencies in Indiana do not operate at full efficiency.

Therefore, our **target population** is the workforce at a select number of local health departments in Indiana as well as the Indiana State Department of Health. This also includes members of local and states Boards of Health and other policy makers that have a role in determining the priorities of public health agencies, such as County Commissioners. In addition, the population includes the coalitions and partners that already participate in the state public health assessment process and will be part of the process to address needs and weaknesses as a result of that assessment, as well as Health Care Delivery Organizations. The **disparate population** includes these same individuals, due to the fact that all bear a disproportionate burden as a result of the identified health burden.

Cost Burden

This lack of basic competencies within Indiana's public health workforce threatens to result in a reduced quality of life in the communities they serve. The failure to act to address these competencies could result in the inability to pursue future voluntary accreditation, and the potential benefits that could result from that accreditation, financial, and otherwise.

Target Population:

Number: 880

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers

Disparate Population:

Number: 880

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: National Public Health Performance Standards Program (NPHPSP)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$749,525

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

75-99% - Primary source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Key State Partners

Between 01/2009 and 12/2009, Essential Service Review Team will identify 2 key state partners to assist the quality improvement project by utilization of documents created from surveys from each program, Public Health Accreditation Board draft standards, and agency priorities to have a goal of capacity building, improved health outcomes, improved customer service, or improved efficiency.

Annual Activities:

1. Key State Partners

Between 01/2009 and 12/2009, By December 31st, 2009, the Essential Service Review Team will identify 2 Key State Partners to utilize documents assessed from program surveys, Public Health Accreditation Board draft standards, and agency priorities to identify a quality improvement project, the goal of the project being capacity building, improved health outcomes, improved customer service, or improved efficiency.

Essential Service 5 – Develop policies and plans

Objective 1:

Development of New Plans

Between 01/2009 and 12/2009, Indiana State Department of Health will develop 2 new plans at the state level as a result of previous assessments, and the subsequent teambuilding and project charter trainings.

Annual Activities:

1. Development of New Plans

Between 01/2009 and 12/2009, work teams formed at the Indiana State Department of Health following the state public health assessment workshop will create plans that directly address issues identified as a result of the assessment and gain approval for the implementation of those plans by members of the ISDH Executive Staff

Essential Service 8 – Assure competent workforce

Objective 1:

Local Health Department assessments

Between 01/2009 and 12/2009, Indiana State Department of Health and Contractors will identify 15 local public health agencies to address their needs and weaknesses.

Annual Activities:

1. Local Health Department Assessment

Between 01/2009 and 12/2009, conduct assessments at 15 local public health agencies using the NPHPSP assessment instrument and follow-up with teambuilding and project charter training.

State Program Title: Sexual Assault Services

State Program Strategy:

Program Goal: To reduce the prevalence of rape and attempted rape of women age 12 and older.

Program Priorities: The Indiana Family and Social Services Administration (FSSA) oversees Indiana's Sexual Assault Services programs. In FFY 2009, Sexual Assault Services funds will be distributed to various sub-grantee organizations throughout the state that provide services aimed at increasing and enhancing prevention, intervention, and treatment programs with the ultimate goal of **reducing the prevalence of rape or attempted rape**. Priorities will be placed on education programs specifically targeting the young adult and youth populations. The purpose of these programs is to **link people to services** as part of efforts to reduce the rate of sexual violence among young adults and youth.

Contracts with each sub-grantee will include the following deliverables:

- To show an increase in services or coverage to underserved areas.
- To show an increase in focus on the targeted populations.
- To enhance the dissemination of information on treatment for sex offenders in Indiana.
- To show an increase in the number of youth receiving education on issues of sexual violence.

Primary Strategic Partnership: The Indiana Family and Social Services Administration has fostered collaborative partnerships with 21 external organizations around the state that provide sexual assault services.

Role of PHHSBG Funds: PHHSBG funds will be used to provide direct funding for programs at organizations that provide sexual assault services.

Evaluation Methodology: Evaluations of each project shall be conducted on two levels. The first level of evaluation will be completed internally by the sub-grantee's agency director or through another internal control process of evaluation. The second level is conducted by FSSA with statistical data and other anecdotal information to allow for rigorous evaluation of each individual project as well as providing a means for overall evaluation of the SAS funding stream.

Monthly reports will be required of each funded project. These reports are broken into the following categories:

- financial information to document accounting of SAS funding.
- statistical information to document sexual assault activities, programming efforts and victims served.
- narrative information to document attainment toward objectives

Each organization that receives funding will also be required to establish its own mechanism of data collection and internal controls. The FSSA monthly reporting process establishes the guidelines and requires extensive data collection and maintenance information from each subgrantee organization.

State Program Setting:

Local health department, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO 15-35 Rape or attempted rape

State Health Objective(s):

Between 10/2008 and 09/2010, Reduce Rape and Attempted Rape of women age 12 and older to no more than .8 per 1,000.

Baseline:

It is estimated that in Indiana there could be as many as 9,000 victims of sexual assault annually based upon reports from the Federal Bureau of Investigation.

Data Source:

INCASA

State Health Problem:

Health Burden:

Indiana continues to deal with the serious problem of sexual violence. Each year more than 4,000 Indiana children are substantiated as victims of child sexual abuse according to Child Protective Services. In 2006, there were 248,300 victims of rape, attempted rape, or sexual assault (not including victims 12 years and younger). Of those victims, about 44% were under the age of 18 and 80% were under age 30. Of the 2005 annual average, 65,510 were victims of completed rape, 43,440 were victims of attempted rape, and 95,420 were victims of sexual assault age 12 or older. (RAINN)

It is estimated that in Indiana there could be as many as 9,000 victims of sexual assault annually based upon reports from the Federal Bureau of Investigation (INCASA). This was further solidified through a study conducted in 2000 by the Legal Services Association, which also found that over 9,000 cases of sex crimes went through the Indiana court system in one year, excluding data from the two largest counties of Lake and Marion due to time constraints.

The problem affects all races and income levels, but is more prominent in low-income, urban areas. The **target population** for this program includes all individuals who receive sexual assault treatment and prevention services from the selected sub-grantee organizations. The **disparate population** includes the more specific group of low-income individuals who receive this treatment.

Current statistics indicate a gradual decline in the rate of sexual assaults. This is attributed to 2 occurring trends: (1) the toughened crime policies and the generational attitudes and (2) a generation that has grown up knowing that "No Means No," resulting in police reporting sexual assaults cases 42% more in recent years (NCVS/RAINN). This generational trend can be furthered with the continuation of the educational programs developed through SAS programs. In recent years, the number of agencies that have established sexual assault prevention, treatment and intervention programs has increased significantly.

There continues to be problems of sexual violence in Indiana and the need for prevention, intervention, and treatment programs is ever pressing. With the continuation of funding from the Sexual Assault Services grant, the number of sexual assaults can be further reduced with the overall goal of total eradication of sexual violence.

Target Population:

Number: 3,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 2,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: RAINN, NCVS

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$150,306
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$150,306
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 7 – Link people to services

Objective 1:

Increase services to victims, and information about prevention to all

Between 10/2008 and 09/2010, Family and Social Services Administration will increase the percent of prevention programming for youth between the ages of 12 and 22 by 10%, increase information dissemination on treatment options for Indiana male sex offenders under the age of 35 by 22%, and increase services to Indiana women who are the victims of sexual violence by 10% from 0% to **10%**.

Annual Activities:

1. Extend coordinated, comprehensive sexual violence prevention programs within counties

Between 10/2008 and 09/2010, the programs would

- Educate youth about the role of drugs and alcohol in sexual violence.
- Encourage underserved regions and counties to develop a prevention curriculum.
- Encourage communities to provide programs in environments that will teach males as well as females.

2. Expand coordinated, comprehensive sexual offender treatment programs with the state

Between 10/2008 and 09/2010, the programs would

- Disseminate informational materials on effective treatment programs in Indiana.
- Increase services to underserved regions, specifically in the Northwest and West Central regions of Indiana.
- Expand collaborative efforts with correctional re-entry programs targeting services for domestic violence offenders.

3. Improve and enhance services and response initiatives to victims of sexual assault.

Between 10/2008 and 09/2010, the programs would

- Encourage and support current efforts to provide services through crisis intervention, hotlines, support groups, and other services.
- encourage expansion of services and support to underserved counties.
- Encourage services with correctional re-entry programs targeting family preservation for victims of sexual violence.

State Program Title: Social Marketing

State Program Strategy:

Program goal: To utilize existing and new partnerships to create and disseminate educational information and materials on a variety of public health topics.

Program Priorities: In response to a recent marketing campaign by a cigarette manufacturer that targeted young women, The Indiana State Department of Health (ISDH) spearheaded an effort during the spring of 2007 to bring together women of influence in Indiana for an event designed to mount a counterattack to the cigarette marketing campaign. the INFLuence Summit was a large success and eventually resulted in the publication of an anti-tobacco insert in *Indianapolis Woman* magazine. In FFY 2008, the ISDH planned to continue this momentum by addressing other public health topics through various types of **community health promotion programs**. A different topic was emphasized each month. The ISDH will continue to lead these efforts by lining up sponsors based on the selected topics.

In FFY 09, the ISDH wants to continue the social marketing success but wishes to branch out. The goal is to have funds available for immediate use when the need would arise in an emergency situation or alternate programs that need marketing and are just beginning their work. One example of this is the Adolescent State Health Plan, which would make Indiana one of a handful of states with such a plan. Another planned use would be public service announcements to counterattack harmful, medically misleading information. Events similar to the original INFLuence Summit will be held to help build interest in these initiatives and **mobilize these partnerships**. This would eventually lead to various efforts to **inform and educate the general public** about health issues and **link people to available services** when necessary.

Primary Strategic Partners: The ISDH has fostered many collaborative relationships and strategic partnerships both internally and externally. They include:

Internal:

Nutrition and Physical Activity
Chronic Disease Division
Office of Women's Health
Governor's Council for Phys. Fitness/Sports

External:

Weiss Communication
Indiana Tobacco Prevention/Cessation
American Lung Association
Anthem Blue Cross/Blue Shield

Role of PHHSBG Funds: PHHSBG funds will primarily be used to supplement costs associated with the creation and distribution of inserts and other publications, although most of these costs will be covered by sponsorships with various external partners. Funds will also be used to contract with an outside vendor that will help secure these sponsorships and provide input into the content of the publications.

Evaluation Methodology: Information regarding the distribution of various inserts and publications will be collected from the various partners involved in the distribution process. This will include circulation figures for magazine inserts. Follow-up information will be collected from a select number of people in the target population through surveys and other forms of outreach to determine the effectiveness of each initiative.

State Program Setting:

Community health center, Home, Local health department, Medical or clinical site, Senior residence or center, State health department, University or college

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO 7-10 Community health promotion programs

State Health Objective(s):

Between 01/2009 and 12/2009, execute at least 10 additional community health promotion programs aimed at educating the public and raising awareness about select public health issues.

Baseline:

While the Indiana State Department of Health already participates in various outreach initiatives, there remains a need to disseminate knowledge in a variety of ways on a regular basis on selected public health issues and regarding information.

Data Source:

State Agency

State Health Problem:

Health Burden:

Indiana ranks poorly in several health categories. The 2008 edition of *America's Health Rankings* report compiled by the United Health Foundation ranked Indiana 45th in the nation in the prevalence of smoking, and is the worst state in the nation for public health funding (dollars per person). These are contributing factors to many chronic diseases and other health conditions. The collective result of these health issues is a lower than desired quality of life for the citizens of Indiana.

A positive change in the prevalence of these health conditions will require a change in individual behaviors. A decision to address current poor health behaviors or to maintain current healthy behaviors must be made by each person. Therefore, the **target population** for these community health promotion programs is the entire population of Indiana (est. 6.3 million). The **disparate population** is also the entire state population. More specific target and disparate populations will depend on the topic for each individual outreach initiative.

Cost Burden: Poor health has an economic impact in Indiana in the form of higher health insurance, and lost productivity due to illness. For example, the 2008 edition of *America's Health Rankings* report compiled by the United Health Foundation indicates that Indiana has not changed the number of poor physical health days since 2003, when the ranking was 33rd in the nation. While it is difficult to estimate a precise dollar amount, the collective impact is considered to be huge.

Target Population:

Number: 6,300,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 6,300,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: United Health Foundation, US Census

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

No Evidence Based Guideline/Best Practice Available

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$239,520

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Rapid Response

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:

Just-In-Time Education

Between 01/2009 and 12/2009, Indiana State Department of Health and Partners will distribute education by public service announcements to **1 million citizens** in Indiana.

Annual Activities:

1. Education

Between 01/2009 and 12/2009, The Indiana State Department of Health will distribute information in the form of public service announcements and other methods to all Hoosiers as a responsive mechanism to potentially medically misleading information or as a response to a public health emergency.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Recruit Sponsors

Between 01/2009 and 12/2009, Indiana State Department of Health will identify **3** potential sponsors for at least 5 education and outreach initiatives, based on the selected topics.

Annual Activities:

1. Sponsors

Between 01/2009 and 12/2009, host "partnership roundtables" and conduct other meetings to reach out to potential sponsors.

Essential Service 7 – Link people to services

Objective 1:

Health Promotion Programs

Between 01/2009 and 12/2009, Indiana State Department of Health, Partners, and Contractors will maintain **12** community health promotion programs to provide information that will link people to services related to selected health conditions and individual behaviors that can contribute to ones health.

Annual Activities:

1. Health Promotion Programs

Between 01/2009 and 12/2009, create and distribute various forms of outreach materials on a monthly basis, largely through magazine inserts and stand-alone publications that can be distributed at locations such as community meetings hosted by Dr. Monroe, health clinics, local health departments, and doctors offices.

State Program Title: State Health Data Center

State Program Strategy:

Program Goal: To improve the accessibility dissemination of public health data by providing a more user-friendly and appropriate interface to the integrated data in the Operational Data Store (ODS).

Program Priorities: A primary role of the State Health Data Center at the Indiana State Department of Health (ISDH) is to oversee the dissemination of public health data in the community. This project initially focuses on improving the use of the data with our internal customers, followed by a rollout of the project to external partners. The end result will be an overall **improvement in public health access to information and surveillance data**.

The majority of data at ISDH is currently analyzed using a SAS interface. Both the ISDH Data Analysis Team and the agency's Epidemiology staff are familiar with this product as part of their involvement with regular data analysis activities. This analysis allows the agency to **monitor health status** throughout the state and to **evaluate current health programs**. The 2009 funding will expand the data available for analysis using the SAS software, expand the use of the web-based interface (Gateway), and add new data sets to the core data currently in the IDS.

This project would require the purchase of various software and equipment. In addition, the Software Developers would be responsible for the addition of the new datasets, interfacing the current data with the SAS environment, and the development of standard tools to review the quality of the data in the IDS. It is envisioned that these upgrades will lead to the establishment of a Web-based tool to provide access to a query based data model to both internal and external users of this data.

Primary Strategic Partners: The ISDH has fostered collaborative relationships and strategic partnerships both internally and externally. They include:

Internal:

Data Analysis Division
Epidemiology Resource Center
Partner Relations

External:

Indiana Health Information Exchange
Local Health Departments
Regenstrief Inst. For Healthcare

Role of PHHSBG Funds: PHHSBG funds would be used for purchases of equipment and software necessary in order to implement a more user-friendly and appropriate interface to the integrated data in the Operational Data Store (ODS), which is maintained by the ISDH State Health Data Center.

Evaluation Methodology: The initial phase of this project will involve upgrades that will improve the use of data with our internal ISDH customers. This will create the opportunity for timely feedback regarding the usefulness of the new interface through surveys and anecdotal information provided by users. Once the project has been rolled out to external partners, input will also be solicited from those users to help evaluate the upgraded system and determine additional activities or improvements.

State Program Setting:

Local health department, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Title: Program Coordinator

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Title: Program Coordinator

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 2

Total FTEs Funded: 2.00

National Health Objective: HO 23-2 Public health access to information and surveillance data

State Health Objective(s):

Between 01/2009 and 12/2009, maintain a more user-friendly and appropriate interface to the integrated data in the Operational Data Store (ODS) and upgrade as necessary.

Baseline:

The data in the ODS is currently available for analysts, but is in the process of being updated to a format that analysts are accustomed to.

Data Source:

Indiana State Department of Health

State Health Problem:

Health Burden:

The analysis of the integrated data maintained by the Indiana State Department of Health (ISDH) State Health Data Center in the Operational Data Store (ODS) is essential to the ability of the public health sector to provide certain essential services. Analysts in the ISDH Epidemiology Resource Center uses the data to monitor the health status of the state, while the ISDH Data Analysis Team uses the data to help evaluate current health programs and identify health issues that need to be addressed. The lack of a more user-friendly and appropriate interface to this integrated data threatens to reduce the ability of these analysts to perform their duties as efficiently and effectively as possible.

Therefore, the **target population** for this project includes analysts that utilize this data on a regular basis. The **disparate population** includes this same group of analysts. According to the State Health Data Center, this includes approximately 275 potential users. These users are spread throughout the State of Indiana. The analysis can potentially impact all segments of the population.

Cost Burden: The failure to upgrade the interface to the integrated data in the ODS will result in the inability of analysts to effectively execute important public health services. Consequently, the lack of a more user-friendly and appropriate interface threatens to result in a compromised ability to provide accurate analysis that is relied upon by many in Indiana's health care community.

Additionally, failure to act now to upgrade this interface will result in an even more costly process in the future when such an upgrade would be even more imperative in order to catch up with current technology.

Target Population:

Number: 275

Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 275

Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

No Evidence Based Guideline/Best Practice Available

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$280,250

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

75-99% - Primary source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 1 – Monitor health status

Objective 1:

Expand the use of the web-based interface

Between 01/2009 and 12/2009, Indiana State Department of Health Software Developers will update 1 set of data available for analysis using the SAS software, and the use of the web-based interface (Gateway).

Annual Activities:

1. Expanding data and use

Between 01/2009 and 12/2009, Software Developers would be responsible for interfacing the current data with the SAS environment, and the development of standard tools to review the quality of data in the IDS. These changes will lead to the establishment of a Web-based tool to provide access to a query based data model to both internal and external users of this data.

Essential Service 9 – Evaluate health programs

Objective 1:

Evaluation of Health Programs

Between 01/2009 and 12/2009, Indiana State Department of Health Software Developers will implement 1 new data set to the core data currently in the IDS.

Annual Activities:

1. Addition of New Datasets

Between 01/2009 and 12/2009, Software Developers will add new datasets to the core data currently in the IDS in order to increase the amount of data found within the IDS system.